PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004									10686 51/0			
APPLICATION AS FILED - PART I (Calumn 1). (Calumn 2)						SMALL	ENTITY	. OR	OTHER THAN SMALL ENTITY			
FOR	NUM	BER FLEC	D NUM	BER EKIRA	11	RATE (S)	FEE (S)]	RATE (S)	FEE	e m	
ASIC FEE IT CFR I 18(1) [8] & [6]]	T_{-}	N/A		NIA	71	RVA	150.00	1	N/A .	300.		
EARCH FEE IT O'R I 16(U. 14. or (mil	` i	NA		N/A .	11	N/A	\$250.	1:	· N/A	\$500	0	
MAKINATION FEE IT CFR-1 LHOL UI O (U)		NVA		N/A	11	N/A	\$100	1	NA	\$200		
DTAL CLARGS D.GR 116(0)		minus :	20 • •	* .	11	X\$ 25 .	7	OR	X\$50 .	+	•	
EDEPENDENT CLAUMS IT CFR 1 16(N)	\$	minus			11	X100 .	 	1	X200	+		
PPLICATION SIZE EE F CFR 1 16(6))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for arrall entity) for each										.	
ULTIPLE DEPENDEN				N THE STATE OF THE	11	.+180=		1 .1	+360=	1		
If the difference in colu	mn 1 is less th	An 2610. (anter "O" in column	, ,	. ل	TOTAL	 	1	TOTAL	 		
CLI W	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	T	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3); PRESENT EXTRA] [SMALL (6)	ADDI- TONAL	OR	RATE (5)	ADD	OI-	
Total .	MENDMETT	Maus	PAID FOR	-	1	X\$ 25 .	FRE (S)	OR I	X\$50	FEE	(1)	
Independent	1	Minus	1-4	-	11	X100		OR .	x200	 	$\overrightarrow{}$	
Application Size Fee (27 CFR 1.16(s))								0		 	+	
FIRST PRESENTATIV	OH OF MULTIPLE	E OEPEO	DENT CLAMA PT CF	FR 1.16(0)	11	+180=	$\overline{\Lambda}$	OR	+360=	· ·_	T	
0	. :	•		•		TOTAL ADDL FEE	7 .	OR	TOTAL ADD'L FEE		J.	
	(Column 1)		. (Column 2)	(Column 3)	_ <u>_</u>	· .	•			· .		
· BU W AM	CLAIMS REMAINING AFTER. MENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (I)	ADOI- TIONAL FEE (5)	.	RATE (\$)	ACCO TION	ML	
Total of grant Lingui	28	Minus	<u>"31</u>	°. /	L	X\$ 25 .		OR .	X\$50 -		_	
Independent (IF CFR 1.19A))		Minus ·	3-	•/	L	X100 _	·	OR -	X200 _			
Application Size Fee	• DT CFR 1.16	5(t))			I			, [_	
FIRST PRESENTATION	H OF MATTPLE	: DEPENDE	ST CLAM GT OF	R 1.16@)	L	+180=		OR	+360±		_	
	<u>-</u> -	•		•		TOTAL ADDL FEE		OR	TOTAL ADO'L FEE			

* If the sniry in column 1 is less than the entry in column 2, write "V' in column 3.

"If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the Tighest Number Previously Paid For" (No THIS SPACE is less than 3, enter "2".

The Tighest Number Previously Paid For" (Total or independent) is the tighest number found in the appropriate box in column 1.

Indication of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the 'O to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 infundes to complete ing gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient addresses Office (U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS IESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.